



North Carolina Long Term Care Workforce Turnover Survey: Descriptive Results, 2007

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Background

An important part of North Carolina's development strategy in the long-term care sector is the acquisition and dissemination of accurate and comprehensive data reflecting the turnover in the workforce--both at the executive level and among frontline direct care workers. For the purposes of this report, we define long-term care (LTC) organizations as facilities and agencies that provide care on a continuing basis to frail older adults and people with disabilities. These organizations are profiled according to the three licensure categories used by the Division of Health Service Regulation (DHSR): 1) *nursing homes* (skilled nursing facilities excluding those that are part of a hospital) 2) *adult care homes*¹ (sometimes labeled as domiciliary care, rest home, and assisted living facilities), and 3) *home care agencies* (which include organizations providing personal care, health care, or hospice services in clients' homes). In this report, we use the generic term '*direct care worker*' (DCW) to describe the entire class of unlicensed assistive personnel (both registered and unregistered workers) employed in these various residential or non-residential long term care settings. These workers usually provide the largest amount of direct care services.

In order to collect appropriate information on the long-term care workforce, the North Carolina DHSR has included a staffing and turnover survey as an insert with its annual licensure renewal applications for the past 7 years. Surveys are tailored to each of the three types of facilities/agencies licensed and ascertain DCW total staff size, quits, fires, hires and administrators' assessment of whether they have had a DCW turnover problem over the last year. For the last three years, the survey has collected information on the tenure of administrators and clinical supervisors in long-term care organizations. We are confident that estimates based on these surveys are relatively accurate because data are fairly complete, samples are large and survey response rates are high.

The Office of Long-Term Services and Supports of the NC Department of Health and Human Services commissioned the NC Institute on Aging to design survey forms, compile, examine, and analyze data and report the results of these analyses. In this report, we summarize and compare DCW and executive turnover rates for nursing homes, adult care homes, and home care agencies, and where possible examine trends over the last seven years.

¹ Family care homes serving 6 or fewer residents were excluded from the survey.

Results

Direct Care Worker Separation Rates

This year's survey response rates were 96.7% for nursing homes (N=381) and 94.8% for adult care homes (N=599). These response rates reflect the number of surveys received from each type of facility divided by the total number of facilities of each type licensed in the state. We included only home care agencies that hired DCWs (N=1258) in the analyses.² Relatively few cases were unusable for analyses due to missing data on one or more of the items required to calculate turnover rates.

In this report, we measure DCW turnover by a separation rate, which is the rate at which DCWs have left the organizations where they were employed sometime between October 1, 2006 and September 30, 2007. For each employer, an overall separation rate was calculated as were involuntary (e.g., fires) and voluntary (e.g., quits) components. We expressed these rates as percentages of the total number of budgeted positions. In addition, we report the percentage of administrators who identified DCW turnover in their setting as a "mild" or "severe" problem.

Table 1 displays results from 2007 and the previous six years. Average separation rates for DCWs in 2007 remained stable in nursing homes but decreased slightly in adult care homes and home care agencies. Across all settings, a substantial percentage of administrators continue to identify direct care worker turnover as a problem. The situation in each type of long-term care setting is discussed below.

Nursing Homes. After rising consistently between 2002 and 2005, the average DCW separation rate for nursing homes remained steady in 2006 and 2007 at about 110%. However, in 2007 involuntary separation rates rose slightly to 41.3%-- the highest rate recorded, while voluntary rates decreased slightly to 68.4%, the lowest rate since 2003. The percentage of nursing home administrators that consider DCW turnover to be a problem increased again this year to 88%, the highest percentage noted since surveys began in 2001.

Adult Care Homes. DCW separation rates for adult care homes fell in 2007 to 109% down from 117% in 2006. This reduction came about as a result of a decline in voluntary separation to a rate of 77.1% and a decline in involuntary separation to 31.5%. Seventy-six percent of administrators of adult care homes believe that turnover is a problem, a record high for these settings.

Home Care Agencies. As has been the case in past years, DCW separation rates in home care agencies (48%) remain significantly lower than in nursing homes and adult care homes. Similarly, less than half of the administrators of these agencies (48%) considered DCW turnover to a problem for their organization.

Turnover in Leadership Positions

Table 2 displays information about the tenure of two types of long-term care executives: administrators and clinical supervisors.³ We consider organizations in which management positions had only a single incumbent during the past year as having "low" turnover. If an organization had two incumbents in the previous year, we define it as having a "medium" level of turnover. Finally, if an organization had three or more incumbents in its management position during the last year, we describe it as having "high" turnover.

² A response rate was not calculated for home health and home care agencies because of the difficulty of determining how many agencies in the state hire DCWs.

³ Administrators or executive directors in NC's long-term care organizations are commonly the top executive officer or an owner who has decision-making power and responsibility for compliance with government regulations. The formal title of what we are calling a *clinical management* position varies by types of long-term care organization. In nursing homes this position is typically called *Director of Nursing*; in adult care homes, this individual is typically called the *Resident Care Director*; in home health and home care agencies, the title is usually *Clinical Manager* or *Nurse Supervisor*.

Administrators. The average tenure of administrators across long-term care settings has generally held steady between 2005 and 2007. In 2007, adult care homes continue to have administrators with the longest average tenure (7.3 yrs), followed by home care agencies (5.4 years), and nursing homes (4.5 years). Among nursing homes, 32% experienced some administrator turnover during the reporting period. Among adult care homes, 17% experienced some administrator turnover and while only 10% of home care agencies experienced administrator turnover.

Clinical Managers. The average tenure of clinical managers tends to be lower than administrators in all long-term care settings. The average tenure of clinical managers in 2007 was 4.7 years in adult care homes, 3.8 years in nursing homes, and 3.5 years in home care agencies. Similarly, a higher percentage of nursing homes (34%) experienced some turnover among directors of nursing as compared to resident care directors in adult care homes (28%) and nurse supervisors in home care agencies (26%). Turnover among clinical managers appears to have been fairly stable across all types of settings over the last three years.

Relationships between leadership turnover and DCW Turnover

In all types of long-term care organizations, we found statistically significant correlations between the turnover rates of the two types of leadership positions, and between turnover measures of both types of management positions and DCW voluntary, involuntary and total separation rates. Among nursing homes, turnover of administrators was associated with DON turnover levels ($\tau\text{-}b=.33$; $p<.001$). Similar correlations between the two types of management positions were observed among adult care homes ($\tau\text{-}b=.34$; $p<.001$) and home care agencies ($\tau\text{-}b=.25$; $p<.001$). Correlations between each type of executive turnover and DCW turnover were generally more modest in the range of 0.10 to .20, but nonetheless all were statistically significant ($p<.05$).

Unemployment Rates and DCW Turnover

In all types of long-term care organizations about two-thirds of all DCW turnover is voluntary, which may mean that workers are leaving LTC settings for jobs elsewhere. The observed trends in turnover of DCWs from 2001 through 2007⁴ may be related to statewide employment trends. Since 2002, when the average monthly unemployment rate reached 6.7%, unemployment rates have declined, averaging 4.7% in 2007, while turnover rates have generally increased. Looking specifically at nursing homes, we see a substantial negative correlation between unemployment rates and DCW turnover ($r=-.74$), suggesting that as statewide unemployment rates decrease, turnover of DCWs increases. It is possible that as unemployment rates peaked in 2002, DCWs may have had fewer alternative job options and remained in their current position for job security. As unemployment rates have decreased, DCWs may have had more job options and may be moving between jobs, or leaving long term care settings entirely, resulting in higher turnover rates. More fine grained analyses of local labor markets using additional locally specific data would be required to better understand what is going on in these areas.

Conclusions

Three consistent patterns seem to emerge from analyses of these data. First, the level of turnover of DCWs appears to be consistently higher in the nursing home and adult home care sectors and lowest in the home health sector. A similar pattern is found in terms of the proportion of executives who rate DCW turnover as a problem in their settings. Secondly, there is a positive relationship between turnover rates of the top two leadership positions in long-term care organizations, and leadership turnover is related to turnover of frontline workers, suggesting that some organizations have problems of workforce stability at several levels. Finally, an important factor in turnover at the statewide level appears to be the state unemployment rate; higher unemployment rates are associated with higher levels of long-term care workforce stability.

⁴ Unemployment rates were obtained from the NC Employment Security Commission (<http://www.ncesc.com/>). The unemployment rates may vary slightly from previous years' reports as these data are updated continuously.

Future directions

North Carolina has two ongoing and several new ones aimed at addressing DCW turnover in long-term care settings. The **WIN A STEP UP** Program (Workforce Improvement for Nursing Assistants, Supporting Training, Education, and Payment for Upgading Performance) is being implemented by the North Carolina Institute on Aging at the University of North Carolina, Chapel Hill. Developed in partnership with the NC Department of Health and Human Services, WIN A STEP UP is a successful facility-based quality- and retention-enhancing training program for frontline supervisors and direct care workers in nursing homes. Components of the program include: (1) instruction for frontline supervisors in the coaching style of supervision; and (2) instruction of nursing assistants using a 30-hour state-approved curriculum focusing on clinical and interpersonal skills. Flexible implementation of didactic and experiential learning enables the program to be responsive to the needs of adult learners and sensitive to constraints of incumbent workers. The program currently funds stipends and retention bonuses for direct care workers, and secures a commitment from employers to increase participants' wages or award them retention bonuses upon successful program completion if these nursing assistants continue to work in their current setting.

NC New Organizational Vision Award (NOVA), initiated as a Better Jobs Better Care demonstration project, seeks to improve the direct care workforce in long-term care settings by recognizing employers who actively support and empower frontline staff by providing balanced workloads, training and career development for workers. After the General Assembly approved the NC NOVA concept, NC DHHS began implementing a voluntary special licensure designation for all three types of long-term care facilities. Over the coming years, successful applicant organizations that meet specified criteria will be eligible to receive an NC NOVA designation. Currently three nursing homes and two home care agencies have received NC NOVA designations; many more are currently seeking this award.

The NC DHHS has developed two new categories of direct care workers for North Carolina's long-term care settings. Training and competency standards have been developed already for **medication aides** and many individuals have already been recognized with this designation. A similar process is under way for a **geriatric nurse aide** job category and a pilot cohort is currently being trained. In the coming months, NC-DHHS and the NC-IOA will assess the impact of these new categories of workers on the long-term care workforce in North Carolina.

As North Carolina continues to expand the NC NOVA and WIN A STEP UP programs and implement other statewide initiatives, we expect that turnover rates of DCWs will begin to fall. As we continue to track turnover levels of direct care workers over time, we can conduct more focused assessments of the statewide impact of NC NOVA and the other initiatives described above. As a member of the NC NOVA partner team, the North Carolina Institute on Aging will continue working with other long-term care stakeholders to champion programs that improve working conditions for the long-term care workforce and address the problem of direct care worker turnover.

For more information about the long term care workforce in NC, visit these websites:

WIN A STEP UP www.aging.unc.edu/research/winastepup/index.html

NC NOVA www.ncnova.org

Medication aides www.ncnar.org/ncma.html

Direct Care Workforce <http://www.ncdhhs.gov/olts/what/directcarewrk.htm>

To calculate separation rates for your facility, visit this website:

www.aging.unc.edu/research/winastepup/calculators/index.html

**TABLE 1: TOTAL, VOLUNTARY, AND INVOLUNTARY SEPARATION RATES OF DIRECT CARE WORKERS,
AND MANAGERS' RATINGS OF TURNOVER AS A PROBLEM,
REPORTED BY NORTH CAROLINA LONG TERM CARE EMPLOYERS, 2001-2007**

Year	Nursing Homes				Adult Care Homes				Home Care Agencies			
	Average Separation Rates			Pct. Managers rating turnover as a problem	Average Separation Rates			Pct. Managers rating turnover as a problem	Average Separation Rates			Pct. Managers rating turnover as a problem
	Total (%)	Invol. (%)	Vol. (%)		Total (%)	Invol. (%)	Vol. (%)		Total (%)	Invol. (%)	Vol. (%)	
2001	102.6	35.7	68.2	75.8%	112.7	35.7	80.1	60.0%	50.4	12.2	38.8	43.0%
2002	94.8	34.8	60.6	74.3%	115.1	32.5	80.3	59.2%	37.2	9.6	28.7	36.6%
2003	105.3	38.8	66.9	68.0%	109.3	31.5	76.1	52.8%	48.7	13.6	36.2	39.5%
2004	107.1	39.3	71.9	65.7%	106.6	33.9	78.6	52.9%	40.7	11.1	30.0	38.0%
2005	116.5	41.0	75.8	81.1%	110.8	33.5	80.1	69.1%	45.9	14.1	33.4	46.1%
2006	110.7	36.9	74.8	84.7%	116.8	36.0	80.8	71.1%	49.9	14.5	35.4	52.2%
2007	109.7	41.3	68.4	87.7%	108.6	31.5	77.1	75.7%	47.5	13.2	34.3	47.6%

Source: Data used to construct this table were obtained from a survey inserted with the annual relicensure applications mailed to all licensed long-term care employers in North Carolina by the North Carolina Division of Health Service Regulation, Department of Health and Human Services. Organizations profiled include: (1) nursing homes (skilled nursing facilities, excluding those that are part of a hospital); (2) adult care homes (sometimes labeled as domiciliary care, rest home, and assisted living facilities), and 3) home care agencies (which include organizations providing personal care, health care, or hospice services in clients' homes). Annual estimates described in the survey reflect a 12-month period from October 1st of the prior year to September 30th of the identified year. Average separation rates are constructed by summing individually calculated separation rates for each reporting organization that employs direct care workers and dividing by that number of organizations. Voluntary turnover is calculated from the estimated number of direct care workers who "quit" their jobs; involuntary turnover is calculated from the number of direct care workers who were "fired or terminated."

TABLE 2. LEVEL OF TURNOVER* OF ADMINISTRATORS AND CLINICAL MANAGERS IN LONG-TERM CARE ORGANIZATIONS
NORTH CAROLINA, 2005-2007**

	Nursing Homes				Adult Care Homes				Home Care Agencies			
	Turnover			Tenure	Turnover			Tenure	Turnover			Tenure
	Low	Med	High		Low	Med	High		Low	Med	High	
Administrators												
2005	71%	19%	10%	4.8 yrs	77%	21%	3%	7.5 yrs	81%	18%	1%	5.8 yrs
2006	73%	21%	7%	4.7 yrs	81%	12%	6%	7.5 yrs	87%	12%	1%	5.1 yrs
2007	68%	26%	6%	4.5 yrs	83%	12%	5%	7.3 yrs	90%	9%	1%	5.4 yrs
Clinical Managers												
2005	61%	27%	12%	3.9 yrs	67%	25%	8%	4.7 yrs	69%	26%	5%	4.0 yrs
2006	58%	27%	15%	3.6 yrs	70%	21%	9%	5.0 yrs	73%	19%	8%	3.3 yrs
2007	66%	24%	10%	3.8 yrs	73%	19%	9%	4.7 yrs	74%	19%	7%	3.5 yrs

Source: Data used to construct this table were obtained from a survey inserted with the annual relicensure application forms mailed to all licensed long-term care employers in North Carolina by the North Carolina Division of Health Service Regulation, Department of Health and Human Services.

* The following definitions are used to describe turnover levels for administrators and clinical managers: *Low turnover*: Only one incumbent in the management position during the reporting period. *Medium turnover*: Two incumbents in the management position during the last year; *High turnover*: Three or more incumbents in the management position during the last year.

** Administrators are defined as “administrators” of nursing homes and “administrators or executive directors of adult care homes and home care agencies. Clinical managers were defined as directors of nursing in nursing homes, as resident care directors in adult care homes, and as clinical managers or nurse supervisors in home care and home health care agencies.